

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) Office of the Adjutant General ATTN: CAJS-HR-AGR 9800 Goethe Road - PO Box 269101 Sacramento CA 95826	3. FROM (Include ZIP Code)
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="radio"/> Service School (Enl only)	<input type="radio"/> Special Forces Training/Assignment	<input type="radio"/> Identification Card
<input type="radio"/> ROTC or Reserve Component Duty	<input type="radio"/> On-the-Job Training (Enl only)	<input type="radio"/> Identification Tags
<input type="radio"/> Volunteering For Oversea Service	<input type="radio"/> Retesting in Army Personnel Tests	<input type="radio"/> Separate Rations
<input type="radio"/> Ranger Training	<input type="radio"/> Reassignment Married Army Couples	<input type="radio"/> Leave - Excess/Advance/Outside CONUS
<input type="radio"/> Reassignment Extreme Family Problems	<input type="radio"/> Reclassification	<input type="radio"/> Change of Name/SSN/DOB
<input type="radio"/> Exchange Reassignment (Enl only)	<input type="radio"/> Officer Candidate School	<input checked="" type="radio"/> Other (Specify) Request for Orders:
<input type="radio"/> Airborne Training	<input type="radio"/> Asgmt of Pers with Exceptional Family Members	MOS

9. SIGNATURE OF SOLDIER (When required)	10. DATE
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

The following MOS action concerning you is directed:

AWARDED: PMOS: SMOS: AMOS:

WITHDRAWN: PMOS: SMOS: AMOS:

EFFECTIVE DATE:

AUTHORITY: Section 253 California Military and Veteran's code and paragraph 5-7 and or 5-14 National Guard Regulation 600-200.

ADDITIONAL INSTRUCTIONS: PMOS-ENLD-BASIS-ACQ: DY-POSN-QUAL: DMOS:

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE
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